LG240B Application to Conduct Excluded Bingo

No Fee

ORGANIZATION INFORM	MATION				
Organization name			Previous gambling permit number		
Minnesota tax ID number, if any F	ederal employer ID numbe	r (FEIN), if an	у		
Type of nonprofit organization. C	neck one.				
FraternalReligiou	sVeterans	Other no	Other nonprofit organization		
Mailing address	City	State	Zip code	County	
Name of chief executive officer [CEO]	Daytime ph	Daytime phone number E-mail address			
NONPROFIT STATUS					
Attach a copy of ONE of the follow	ing for proof of nonprof	it status.			
Nonprofit Articles of Incorp Don't have a copy? This cert Secretary of State, Business 9 Phone: 651-296-2803	ficate must be obtained ea	ach year from:		55103	
IRS income tax exemption Don't have a copy? To obtain officer contact the IRS at 877	a copy of your federal inc			n organization	
IRS - Affiliate of national, so If your organization falls under a. IRS letter showing your parts b. the charter or letter from	er a parent organization, a arent organization is a non	ttach copies of profit 501(c) o	both of the follorganization with	owing: a group ruling, and	
EXCLUDED BINGO ACTIV	/ITY				
 No Yes Has your on If yes, list the c The proposed bingo event will be: 	ganization held a bingo evo ates when bingo was conc			r?	
one of four or fewer bingo ev	vents held this year. Dates	S			
OR					
conducted on up to 12 conse	cutive days in connection	with a:			
county fair. Da	tes				
civic celebration. Da	es				
Minnesota state fair. Da	tes				
8. Person in charge of bingo event Daytime phone					
4. Name of premises where bingo wil					
5. Premises street address					
6. City I				County	
	o number selection device hard cards, bingo paper, a	s may be borro	owed from anoth	ner organization authorized vices must be obtained	

www.gcb.state.mn.us and click on Distributors under the WHO'S WHO? LIST OF LICENSEES, or call 651-539-1900. Be sure to complete page 2

CHIEF EXECUTIVE OFFICER'S SIGNATURE The information provided in this application is complete and accurate to the best of my knowledge. Chief executive officer's signature_____ Print name LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT **CITY APPROVAL** COUNTY APPROVAL for a gambling premises for a gambling premises located in a township located within city limits On behalf of the city, I approve this application for excluded On behalf of the county, I approve this application for excluded bingo activity at the premises located within the city's bingo activity at the premises located within the county's jurisdiction. iurisdiction. Print city name ___ Print county name Signature of city personnel Signature of county personnel Title Date Date Title ____ **TOWNSHIP** - If required by the approving county. On behalf of the township, I acknowledge that the organization is applying for excluded bingo activity within the township limits. [A township has no statutory authority to approve or deny Local unit of government must sign an application, per Minnesota Statutes 349.166, Subd 2.] Print township name Signature of township officer _____

MAIL APPLICATION AND ATTACHMENT

Fax the application and a copy of your proof of nonprofit status to (651) 639-4032 or mail to: Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113

You will receive a document from the Gambling Control Board with your excluded permit number for the bingo activity. Your organization must keep its bingo records for 3-1/2 years.

_____ Date ____

Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

This form will be made available in alternative format (i.e. large print, Braille) upon request.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board.

All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to: Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney

General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.